

Medicaid Paid Maternal and Infant Services for Washington Births to Medicaid Mothers, 1994-2005

1994				1995			1996			1997			1998			1999		
Type of Service	(N)	%	\$/Client	(N)	%	\$/Client	(N)	%	\$/Client	(N)	%	\$/Client	(N)	%	\$/Client	(N)	%	\$/Client
MATERNAL SERVICES																		
Prior to Initial Assessment																		
Outpatient	10,555	33.0%	\$ 216	12,808	40.1%	\$ 312	12,407	37.9%	\$ 414	13,017	40.0%	\$ 485	13,386	41.0%	\$ 488	12,260	37.3%	\$ 524
Inpatient	15	0.0%	3,075	5	0.0%	2,927	7	0.0%	1,266	4	0.0%	3,354	4	0.0%	3,008	5	0.0%	4,230
Prenatal Visits; OB Services	30,863	96.6%	1,298	30,190	94.5%	1,085	30,646	93.6%	888	29,865	91.7%	689	30,271	92.8%	853	30,568	93.1%	935
Maternity Support +	23,084	72.2%	429	23,420	73.3%	425	24,495	74.8%	469	23,853	73.2%	465	24,704	75.7%	558	24,711	75.3%	546
Case Management +	10,379	32.5%	530	11,109	34.8%	512	12,385	37.8%	535	12,153	37.3%	519	13,951	42.8%	576	13,944	42.5%	571
Prior to Delivery +																		
Outpatient	27,996	87.6%	323	27,636	86.5%	551	28,181	86.1%	1,259	27,964	85.8%	836	28,213	86.5%	773	28,135	85.7%	777
Inpatient	1,507	4.7%	3,498	1,199	3.8%	3,607	1,008	3.1%	3,830	919	2.8%	3,728	945	2.9%	3,436	1,035	3.2%	3,579
Delivery	23,974	75.0%	3,021	18,582	58.2%	3,092	12,123	37.0%	3,173	29,239	89.7%	3,399	29,537	90.6%	3,376	30,617	93.3%	3,586
Postpartum +																		
Outpatient	25,354	79.3%	309	24,253	75.9%	325	22,797	69.6%	323	22,614	69.4%	350	23,109	70.9%	397	23,940	72.9%	440
Inpatient	221	0.7%	3,143	196	0.6%	3,192	161	0.5%	3,094	159	0.5%	3,485	136	0.4%	3,732	139	0.4%	5,532
Unknown																		
Outpatient	28,245	88.4%	176	29,058	91.0%	297	30,378	92.8%	548	30,511	93.6%	323	30,907	94.8%	348	31,118	94.8%	371
Inpatient	161	0.5%	4,425	179	0.6%	3,959	86	0.3%	4,493	100	0.3%	5,870	93	0.3%	4,065	169	0.5%	3,841
TOTAL MATERNAL	31,956	100.0%	\$ 4,486	31,945	100.0%	\$ 4,121	32,732	100.0%	\$ 4,127	32,580	100.0%	\$ 5,280	32,614	100.0%	\$ 5,457	32,830	100.0%	\$ 5,907
INFANT SERVICES																		
(Liveborn Infants)																		
During the first year of life																		
TOTAL INFANT CARE	31,717	100.0%	\$ 2,984	31,614	100.0%	\$ 3,043	32,301	100.0%	\$ 3,217	31,217	100.0%	\$ 3,723	31,481	100.0%	\$ 3,894	31,682	100.0%	\$ 3,980

Detailed service information, such as inpatient and outpatient and specific type of maternal services, is not known for managed care clients. Totals for maternal services and infant services provide the most reliable estimates.

The total number of Clients (N) includes women who received Medicaid paid maternity care services and women with at least three or more months of capitation in the six months prior to delivery. The actual services received by managed care enrollees are unknown. Average payment per Client (\$/Client): Total Medicaid-paid dollars for each type of service divided by the number of clients with a payment (greater than \$0) for that type of service. Capitated payments made to managed care plans during the prenatal period were assigned to prenatal care visits and are reflected in total maternity care services. Delivery costs for women enrolled in managed care plans include delivery case rates paid to plans beginning in 1997. Costs include FQHC/RHC enhancements for managed care clients.

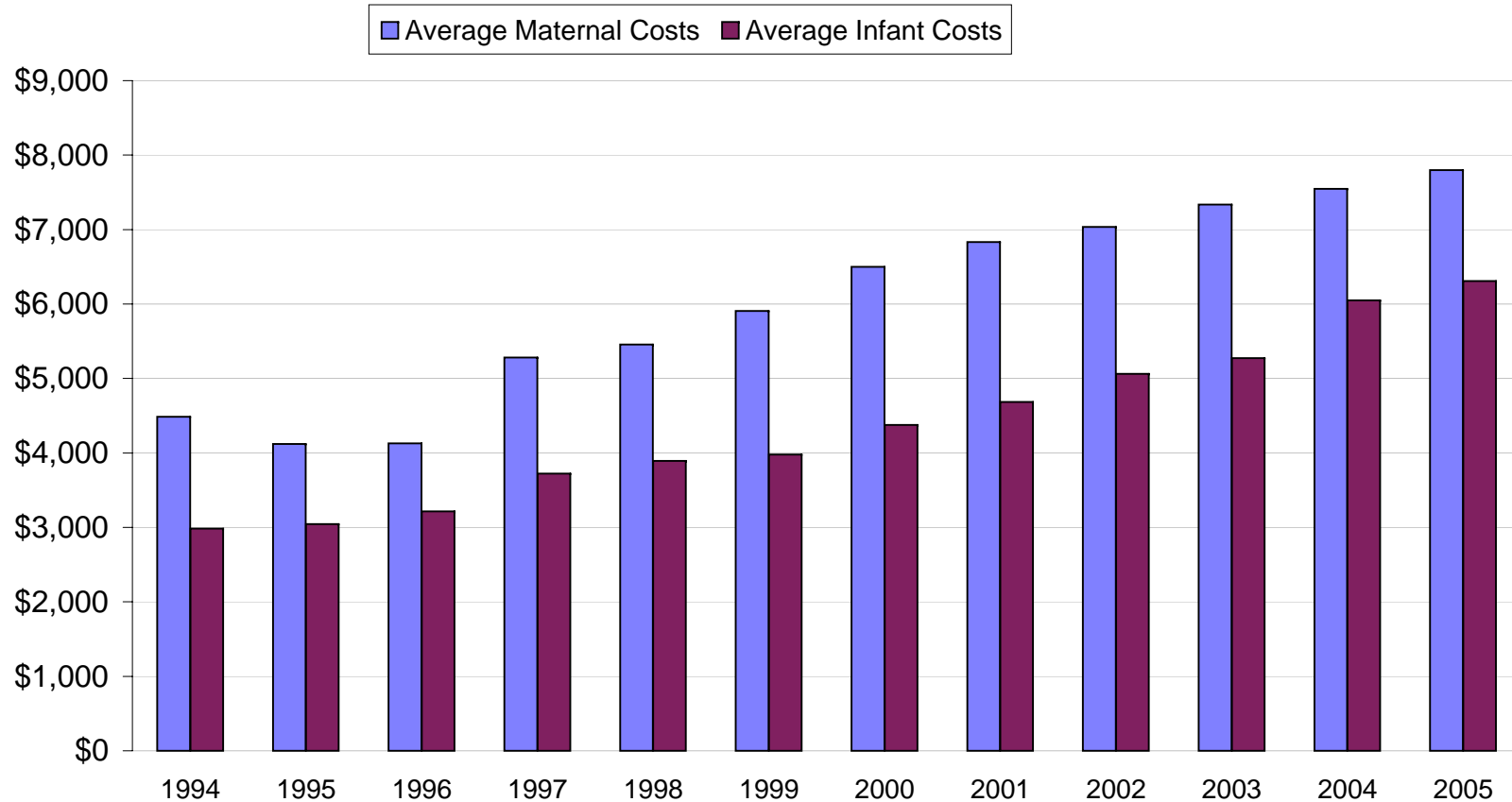
Medicaid Paid Maternal and Infant Services for Washington Births to Medicaid Mothers, 1994-2005

<u>Type of Service</u>	2000			2001			2002			2003			2004			2005		
	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>
MATERNAL SERVICES																		
Prior to Initial Assessment																		
Outpatient	12,082	35.6%	\$ 519	12,870	37.7%	\$ 548	12,743	37.8%	\$ 546	14,141	39.2%	\$ 609	14,500	39.3%	\$ 679	15,172	38.8%	\$ 729
Inpatient	4	0.0%	2,476	4	0.0%	9,036	6	0.0%	3,729	9	0.0%	5,695	4	0.0%	2,136	7	0.0%	6,602
Prenatal Visits; OB Services	31,776	93.7%	1,027	32,102	94.1%	1,143	31,765	94.1%	1,197	33,858	93.7%	1,207	34,489	93.4%	1,166	36,584	93.6%	1,276
Maternity Support +	25,674	75.7%	555	25,296	74.1%	547	24,996	74.1%	565	26,253	72.7%	587	26,669	72.2%	784	28,658	73.3%	820
Case Management +	14,822	43.7%	580	14,774	43.3%	570	14,554	43.1%	578	14,697	40.7%	470	8,445	22.9%	341	8,831	22.6%	280
Prior to Delivery +																		
Outpatient	29,308	86.4%	838	29,547	86.6%	852	29,453	87.3%	915	31,688	87.7%	1,049	32,085	86.9%	1,138	33,942	86.9%	1,242
Inpatient	1,037	3.1%	3,707	1,100	3.2%	4,015	1,029	3.0%	4,417	1,049	2.9%	5,436	1,107	3.0%	4,930	1,207	3.1%	5,492
Delivery	31,623	93.3%	4,021	32,350	94.8%	4,050	31,975	94.8%	4,173	34,296	95.0%	4,273	35,135	95.2%	4,289	37,253	95.3%	4,276
Postpartum +																		
Outpatient	25,572	75.4%	462	26,484	77.6%	507	25,282	74.9%	482	23,955	66.3%	421	27,762	75.2%	590	29,524	75.6%	577
Inpatient	175	0.5%	3,446	210	0.6%	5,195	155	0.5%	5,590	209	0.6%	4,539	199	0.5%	4,312	260	0.7%	4,728
Unknown																		
Outpatient	32,192	94.9%	399	32,494	95.2%	410	32,114	95.2%	423	34,656	96.0%	524	35,320	95.7%	505	37,372	95.6%	531
Inpatient	166	0.5%	3,602	221	0.6%	4,247	171	0.5%	4,395	168	0.5%	4,266	174	0.5%	4,743	145	0.4%	4,785
TOTAL MATERNAL	33,912	100.0%	\$ 6,497	34,124	100.0%	\$ 6,832	33,744	100.0%	\$ 7,033	36,118	100.0%	\$ 7,336	36,915	100.0%	\$ 7,548	39,077	100.0%	\$ 7,796
INFANT SERVICES																		
(Liveborn Infants)																		
During the first year of life																		
TOTAL INFANT CARE	33,002	100.0%	\$ 4,377	33,521	100.0%	\$ 4,683	32,813	100.0%	\$ 5,061	33,933	100.0%	\$ 5,273	34,616	100.0%	\$ 6,050	38,711	100.0%	\$ 6,307

1 Maternity Support and Case Management costs are also included in prenatal and postpartum costs.

Initial Assessment: A procedure code (5930M) is used to mark the beginning of prenatal care. If there is no Initial Assessment, other indicators are used. Any service which occurs before the Initial Assessment is included in **Service Prior to Initial Assessment**. **Services Prior to Delivery:** Outpatient services received after the beginning of prenatal care which are not otherwise classified (typically laboratory and pharmacy claims) are included in this type of service. Inpatient services occurring after the initiation of prenatal care are also included. **Unknown Services:** The services assigned to the mother's Medicaid PIC include services the mother and her newborn infant received. If claims for the postpartum period cannot be identified either as Infant Services or as Maternal Postpartum Services, they are listed as Unknown services.

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AVE MATERNAL	\$4,486	\$4,121	\$4,127	\$5,280	\$5,457	\$5,907	\$6,497	\$6,832	\$7,033	\$7,336	\$7,548	\$7,796
AVE INFANT CARE	\$2,984	\$3,043	\$3,217	\$3,723	\$3,894	\$3,980	\$4,377	\$4,683	\$5,061	\$5,273	\$6,050	\$6,307
COMBINED AVERAGE	\$7,470	\$7,163	\$7,344	\$9,003	\$9,351	\$9,886	\$10,874	\$11,515	\$12,095	\$12,609	\$13,597	\$14,103

Total may not add due to rounding.

Costs include FQHC/RHC enhancements for managed care clients.